**T.C.**

**ESKİŞEHİR TEKNİK ÜNİVERSİTESİ**

**DÖNER SERMAYE İŞLETME MÜDÜRLÜĞÜ**

**FEN FAKÜLTESİ DÖNER SERMAYE BİRİMİ**

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| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **DEKANLIK MAKAMINA** | | | | | | | | | | | **(İŞ TALEP FORMU)** | | | | | | | | | | |  |  |  |  |  | |  | |  |  | | Firma veya Kişi Bilgileri | | |  |  |  |  | |  |  | | Firma/Kişi Ünvanı ve Açık Adresi : | | *………………………………………………………………………………………………* | | | | | | | | | | Vergi Dairesi : | | *……………………..* | | Vergi No. veya T.C. : | | | *…………………………* | | | | İletişim Bilgileri; Telefon, Elektronik Posta: | | | | *…………………* | | | *…………………………* | | | |  |  |  |  |  |  | |  |  |  | | Not 1: Yukarıdaki bilgiler ile bankaya yatırılan paraya ait olan bilgiler birbirinin aynısı olmak zorundadır (fatura buna göre kesilecektir) aksi halde çıkabilecek olumsuzluklardan dekanlığımız sorumlu değildir. | | | | | | | | | | | | Not 2: Hizmet bedelinin, **3801068865** vergi numaralı Eskişehir Teknik Üniversitesi Fen Fakültesi Döner Sermaye birimi adına Ziraat Bankası, Anadolu Üniversitesi /Eskişehir Şubesi **TR33 0001 0019 0097 8068 5450 01** no’lu hesaba yatırılması gerekmektedir. | | | | | | | | | | | |  |  |  |  |  |  |  | |  |  | | Açıklama | | |  |  |  |  | |  |  | | *Yukarıda açık adresini belirtmiş olduğum firmamızın/kişinin ......................................................................................yapılması planlanmaktadır. Adı geçen .............................................................................. raporunun değerlendirilerek danışmanlık raporu hazırlanmasını,* | | | | | | | | | | | | | | |  |  |  |  |  |  |  | |  |  | |  |  | Kargo | Elden |  |  |  | |  |  | | Sonuçların tarafıma | |  |  | belirttiğim şekilde iletilmesini arz ederim. | | | | |  | |  |  |  |  |  |  |  | |  |  | |  |  |  |  | Adı Soyadı : | |  | | | | |  |  |  |  | Tarih : | | …../……/2024 | | | | |  |  |  |  | İmzası (varsa Kaşe) : | |  | | | | |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  | |  |  |  |  | Tarih : | | …../……/2024 | | | | |  |  |  |  |  |  |  | |  |  | | Hizmeti Verecek Olan Personel | | | |  |  |  | |  |  | | Ünvanı, Adı Soyadı : | | *………………………………………………….* | | | | | | | | | Bölümü : | |  | | | | | | | | | Protokol Numarası (Yapılmış ise) : | | | | | *…………………………………………………* | | | | | | Belirlenen Ücret Miktarı : | | | *………………….* | | TL KDV'dir. / KDV Oranı: % | | | | | |  |  |  |  | İmzası : | |  | | | | |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  |     Not: 3 Nüsha doldurulacak,  1 Adet Talepde Bulunan Firma veya Kişi’e,  1 Adet Dekanlığa,  1 Adet Döner Sermaye İşletmesine verilecek. | |
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